

SENATE BILL No. 111

DIGEST OF INTRODUCED BILL

Citations Affected: IC 25-26-16.

Synopsis: Drug regimen protocols. Expands protocols concerning the adjustment of a patient's drug regimen to nursing homes. Requires quarterly review of protocols.

Effective: July 1, 2004.

Dillon

January 6, 2004, read first time and referred to Committee on Health and Provider Services.

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Second Regular Session 113th General Assembly (2004)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2003 Regular Session of the General Assembly.

SENATE BILL No. 111

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 25-26-16-1 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 1. As used in this
3 chapter, "protocol" means the policies, procedures, and protocols of a:

- 4 (1) hospital listed in ~~IC 16-18-2-161(1)~~ **IC 16-18-2-161(a)(1); or**
5 **(2) health facility licensed under IC 16-28;**

6 concerning the adjustment of a patient's drug regimen by a pharmacist.

7 SECTION 2. IC 25-26-16-3 IS AMENDED TO READ AS
8 FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 3. (a) At the time of
9 admission to a hospital **or health facility** that has adopted a protocol
10 under this chapter, the following apply:

- 11 (1) The admitting practitioner shall signify in writing in the form
12 and manner prescribed by the hospital **or health facility** whether
13 the protocol applies in the care and treatment of the patient.
14 (2) A pharmacist may adjust the drug therapy regimen of the
15 patient pursuant to the:
16 (A) written authorization of the admitting practitioner under
17 subdivision (1); and



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(B) protocols of the hospital or health facility.

The pharmacist shall review the appropriate medical records of the patient to determine whether the admitting practitioner has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen. The admitting practitioner may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.

(b) Notwithstanding subsection (a)(2), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the admitting practitioner to receive approval to begin the protocol. The authorization of the admitting practitioner to use the protocol shall be entered immediately in the patient's medical record.

SECTION 3. IC 25-26-16-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 4. (a) This section applies to a pharmacist practicing in a:

(1) hospital listed in ~~IC 16-18-2-161(1)~~; **IC 16-18-2-161(a)(1); or**

(2) health facility licensed under IC 16-28;

in which the pharmacist is supervised by a physician as required under the protocols of the facility that are developed by health care professionals, including physicians, pharmacists, and registered nurses.

(b) The protocols developed under this chapter must at a minimum require that the medical records of the patient are available to both the patient's practitioner and the pharmacist and that the procedures performed by the pharmacist relate to a condition for which the patient has first seen a physician or other licensed practitioner.

SECTION 4. IC 25-26-16-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 5. (a) If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.

(b) If a health facility licensed under IC 16-28 elects to implement, revise, or renew a protocol under this chapter, the health facility shall establish a drug regimen review committee consisting of the medical director, the director of nursing, and a consulting pharmacist for the implementation, revision, or renewal of the protocol.

SECTION 5. IC 25-26-16-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 7. A protocol of a

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1 **hospital or** health care facility developed under this chapter must be
2 reviewed at least ~~annually~~ **quarterly**.

3 SECTION 6. IC 25-26-16-8 IS AMENDED TO READ AS
4 FOLLOWS [EFFECTIVE JULY 1, 2004]: Sec. 8. Documentation of
5 protocols must be maintained in a current, consistent, and readily
6 retrievable manner. A pharmacist is required to document decisions
7 made under this chapter in a manner that shows adequate, consistent,
8 and regular communication with an authorizing practitioner. After
9 making an adjustment or a change to the drug regimen of a patient, the
10 pharmacist shall:

- 11 (1) immediately enter the change in the patient's medical record;
12 **and**
13 (2) **notify the treating physician of the adjustment or change**
14 **in the drug regimen not later than one (1) business day after**
15 **the change.**

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